WISD
WESLACO INDEPENDENT SCHOOL DISTRICT
THE RIGHT CHOICE
Telephone (956) 969-6530
Fax (956) 973-2500

Weslaco Independent School District
Risk Management Department

319 West 4th Street
P.O. Box 266
Weslaco, TX 78599-0266

Claimant Report of Accident or Incident

Name of Claimant: _____ Date of Birth:_____

Date of Accident: _____ S.S. or DL# _____
(or if an employee, Employee ID)

Campus/Location of Incident: _____

Time of Incident: _____ A.M. / P.M.

Person picking up report :_____

Name of Witness (if any): _____Witness Phone number:_____

Description of Incident:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Signature Date Signed

_____ _____
Address City State Zip Phone number

Form Revised
09/15/2025